

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

| | |
|--|--|
| Type of Requestor: (x) HCP () IE () IC | Response Timely Filed? () Yes (x) No |
| Requestor's Name and Address HCA Spring Branch Medical Center Hospital C/O Hollaway & Gumbert 3701 Kirby Drive, Suite 1288 Houston, Texas 77098-3926 | MDR Tracking No.: M4-03-7840-01 |
| | TWCC No.: |
| | Injured Employee's Name: |
| Respondent's Name and Address American Zurich Insurance Company P O Box 13367 Austin, Texas 78711-3367 Box 19 | Date of Injury: |
| | Employer's Name: Amber, Inc. |
| | Insurance Carrier's No.: 2620088682 |

PART II: SUMMARY OF DISPUTE AND FINDINGS

| Dates of Service | | CPT Code(s) or Description | Amount in Dispute | Amount Due |
|------------------|----------|----------------------------|-------------------|------------|
| From | To | | | |
| 09/05/02 | 09/10/02 | Surgical Admission | \$14,135.56 | \$0.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PART III: REQUESTOR'S POSITION SUMMARY

"Per Rule 134.401 (c)(6)(A)(v), the only charges that may be deducted from the total bill are those for personal items (i.e., television telephone) and those not related to the compensable injury. Moreover, Rule 134.401 (c)(6)(A)(v) states what the carrier can deduct in the audit. The carrier should not confuse the carve-out items identified in section (c)(4) as items that can be deducted in an audit or paid separately."

PART IV: RESPONDENT'S POSITION SUMMARY

Carrier's response was untimely.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested additional reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed \$40,000 in total audited charges, but also involve "unusually extensive services."

After reviewing the information provided by the provider, it does **not** appear that this particular admission involved "unusually extensive services." Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule. The operative report indicates that this was a Posterior lumbar interbody fusion. The operative report also indicates there were no complications and patient was transferred to recovery in satisfactory condition.

The carrier made reimbursement based on per diem for the 5-day stay \$41,268.43 and for the cost of the implantables (invoices indicate charges in the amount of \$22,443.40) carrier reimbursed cost plus ten percent for the implantables (\$24,687.74) for a reimbursement to \$65,956.17 plus \$475.00 for x-ray and \$456.75 for blood, bringing the total amount reimbursed to \$66,887.92. The carrier correctly reimbursed the provider.

Therefore, based on the facts of this situation, the parties' positions, and the application of the provisions of Rule 134.401(c), we find that the health care provider is not entitled to additional reimbursement.

PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor **is not** entitled to additional reimbursement.

Ordered by:

Michael Bucklin

04/28/05

Authorized Signature

Typed Name

Date of Order

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, 7551 Metro Center Drive, Suite 100, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____